

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014962

STATE FILE NUMBER

Registration District No. 3366

FILED APR 20 1959		Registration District No. Primary Registration District No. Registrar No. 3366	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <i>St Louis</i> TOWN Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Dr. Homer Phillips</i> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <i>2606 Glasgow</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>JOE</i> First Middle <i>FINNIE</i> Last		4. DATE OF DEATH Month <i>4</i> Day <i>1</i> Year <i>59</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Cal</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-4-1887</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Postman Car</i>	9. AGE (In years last birthday) <i>72</i> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) <i>Someraville Tenn.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Robert Finnie</i>		14. MOTHER'S MAIDEN NAME <i>Melvinie Reeves, Fred County, Tenn.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>708168943</i>	
17. INFORMANT <i>EMMA FINNIE 2606 Glasgow</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Embolus</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Carcinoma of prostate gland</i> DUE TO (c) <i>177X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Right hemiplegia Et. Old C.V.A.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i> <i>1 year</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <i>1:00</i> Month <i>5</i> Day <i>11</i> Year <i>59</i> a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>1956</i> to <i>4/1/59</i> and last saw him alive on <i>4/1/59</i> Death occurred at <i>5:00 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R. Williams, M.D.</i> (Degree or title)		22b. ADDRESS <i>4701 A St. Louis Ave.</i>	
22c. DATE SIGNED <i>4/12/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>4-6-59</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood CEM.</i>		23d. LOCATION (City, town, or county) (State) <i>St Louis County, MO</i>	
24. FUNERAL DIRECTOR <i>AN Richardson 2625 Glasgow</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>APR 4 '59</i>	
26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>			

(Licensed Embalmer's Statement on Reverse Side)

S.P

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

th, Ifare ic vice diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *AD Richardson*.....

Licensed Embalmer No. *29*

P. O. Address *City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.